

CRIMINAL	<input checked="" type="checkbox"/> TRAFFIC	<input type="checkbox"/> NON-TRAFFIC	L.E.A. ORI #: WA0311900	COURT ORI #: WA031031J	4Z0939222	REPORT #: 14-02457
IN THE <input type="checkbox"/> DISTRICT <input checked="" type="checkbox"/> MUNICIPAL COURT OF COUNTY OF			MARYSVILLE MUNICIPAL COURT			PLAINTIFF VS. NAMED DEFENDANT
STATE OF WASHINGTON			LAKE STEVENS			
THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON						
DRIVER'S LICENSE NO. DWEYERD086N5						
STATE		WA	EXPIRES	08-25-18	PHOTO ID MATCHED	NAME: LAST DWYER
ADDRESS		129 BARBARA LN		IF NEW ADDRESS		CITY
EMPLOYER		EVERETT				
DATE OF BIRTH		08-25-92	RACE	W	SEX	M
HEIGHT		5'11"	WEIGHT	205	EYES	BLU
HAIR		BRO	RESIDENTIAL PHONE NO.	(425)446-9448		
VIOLATION DATE		10/04/2014 19:24	AT LOCATION	LAKE DR	CITY/COUNTY OF	LAKE STEVENS/SNOHOMISH
ON OR ABOUT		10/04/2014 19:24	REF. TRAFFICWAY	29TH ST NE	M.P. BLOCK #	2900
DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND						
VEH LIC NO		188VPZ	EXPIRES	10-24-14	VEH YR	2006
TR #1 LIC NO			EXPIRES		VEH YR	
OWNER/COMPANY IF OTHER THAN DRIVER		ADDRESS				
ACCIDENT		NO	BAC	.131	COMMERCIAL VEHICLE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. VIOLATION/STATUTE CODE		46.61.502	DV	DUI	16+ PASS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. VIOLATION/STATUTE CODE			DV		HAZMAT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. VIOLATION/STATUTE CODE			DV		EXEMPT VEHICLE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. VIOLATION/STATUTE CODE			DV		FIRE LEA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. VIOLATION/STATUTE CODE			DV			
RELATED #		DATE ISSUED	10-04-14	TIME	MANDATORY APPEARANCE	
MANDATORY COURT APPEARANCE		TICKET SERVED ON VIOLATOR		<input checked="" type="checkbox"/>	TICKET REFERRED TO PROSECUTOR	
TICKET SENT TO COURT FOR MAILING		BOOKED		<input type="checkbox"/>	CRIMINAL CITATION	
You are charged with the crime(s) described on this form. You must respond to the court below.						
MARYSVILLE MUNICIPAL COURT 1015 STATE AVE		Traffic citations may go on your driving record.				
MARYSVILLE WA 98270-4301		IF YOU DO NOT APPEAR this may result in a warrant for your arrest and detention in jail. Also, if "Traffic" is checked you may lose your driver's license/privilege.				
Court Contact info: Phone 1: (360)363-8050		I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.				
OFFICER M. HINGTGEN		# 126				
OFFICER		#				

RCW 46.61.502 Driving Under the Influence (DUI)
drive a motor vehicle and either: have a 0.08 or higher breath or blood alcohol concentration or THC concentration of 5.00 or higher within 2 hours after driving or be under the influence of or affected by liquor, marijuana, or any drug, or a combination of liquor, marijuana, and any drug.
RCW 46.20.342(1)(a) First Degree Driving While Suspended/Revoked (DWLS)
be an habitual traffic offender and drive a motor vehicle while an order of revocation issued under chapter 46.65 RCW prohibiting such operation is in effect.
RCW 46.20.342(1)(b) Second Degree Driving While Suspended/Revoked (DWLS)
drive a motor vehicle while an order of suspension or revocation prohibiting such operation is in effect, and not be eligible to reinstate the license or driving privilege.
RCW 46.20.342(1)(c) Third Degree Driving While Suspended/Revoked (DWLS)
drive a motor vehicle while the license or privilege to drive is suspended or revoked for (1) failure to furnish proof of satisfactory progress in a required alcoholism or drug treatment program; or (2) failure to furnish proof of financial responsibility pursuant to chapter 46.29 RCW; or (3) failure to comply with chapter 46.29 RCW relating to uninsured accidents; or (4) failure to respond to a notice of traffic infraction, failure to appear at a requested hearing, violation of a written promise to appear in court, or failure to comply with the terms of a notice of traffic infraction or citation; or (5) suspension or revocation in another state that would not result in suspension or revocation in this state; or (6) failure to reinstate the driver's license or privilege after suspension or revocation in the second degree; or (7) the person has a suspension under RCW 46.20.267 relating to intermediate driver's licenses, or any combination of the above.

One of the following options applies:
1. If there is a date in the appearance date box you must appear in court at that date and time.
2. If there is a number in the appearance date box you must appear in court within the number of days indicated.
3. If the appearance date box is blank, the court will notify you in writing when to appear. If you do not receive a notice within fifteen (15) days please contact the court immediately.
When you appear, you will be advised of your constitutional rights and the possible penalties if you are convicted. You also may be asked to enter a plea of NOT GUILTY or GUILTY.

IF RCW LISTED APPEARS BELOW PLEASE READ
RCW 46.61.502 Driving Under the Influence (DUI)
drive a motor vehicle and either: have a 0.08 or higher breath or blood alcohol concentration or THC concentration of 5.00 or higher within 2 hours after driving or be under the influence of or affected by liquor, marijuana, or any drug, or a combination of liquor, marijuana, and any drug.
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E362123**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-02457		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	10 - 04 - 2014	0023	31	N S E W IN OF 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
LAKE DR	BLOCK NO. <input checked="" type="checkbox"/>	2900
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
50 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	29TH ST NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4254469448
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LAST NAME	DWYER	FIRST NAME	DUSTIN	MIDDLE INITIAL	B
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STREET NEW ADDRESS	129 BARBARA LN
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CITY	EVERETT	ST	WA	ZIP	982036341
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	DWYERDB086N5	STATE	WA	SEX	M	D.O.B.	08	25	1992
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	FACIAL INJURY
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LICENSE PLATE #	188VPZ	STATE	WA	VIN#	19UUA65516A061920
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	ACUR	MODEL	TL	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SPEEDWAY TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 901498632
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	4Z0939222	CHARGE	DUI
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	B52139P	STATE	WA	VIN#	1FTFX1EV1AKE50102
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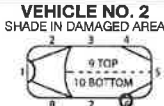
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2010	MAKE	FORD	MODEL	F150	STYLE	PK	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	MARINE TECHNOLOGY NORTHWEST 4003 AIRPORT RD ANACORTES WA 98221 D: 3602993375
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO 26-CC-007585-3
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	M. HINGTEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E362123**

CASE # **14-02457**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

Veh #1 was traveling northbound on Lake Dr in the 2800 blk. Veh #2 was legally parked on the east side of the roadway in the 2900 blk of Lake Dr, facing northbound traffic. Veh #1 moved right in the roadway and impacted Veh #2 in the drivers side rear corner. Veh #1 then turned approximately 90 degrees and stopped in the roadway. The impact caused Veh #2 to move on top of the sidewalk.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

10-04-14 07:41 PM

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

10/5/2014 3:47:30 AM

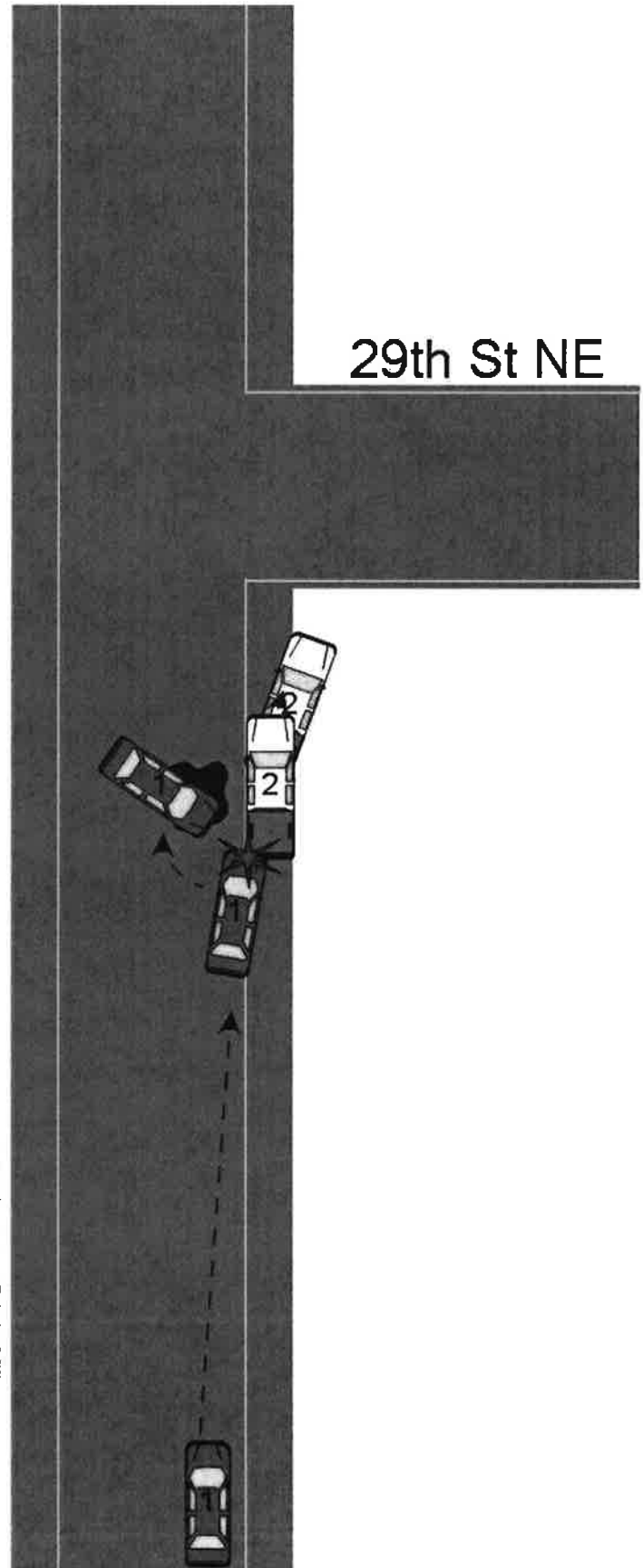
BADGE OR ID #	126	ORI #	WA0311900	TIME POLICE DISPATCHED	12:23 AM	TIME POLICE ARRIVED	12:23 AM
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Not to Scale

Lake Drive

29th St NE



STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 14-02457										
	TYPE OF REPORT COL		<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT										
	<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED										
	INCIDENT CLASSIFICATION Dui/Collision														
P E R S O N S / B U S I N E S S E S	ADDRESS / LOCATION OF INCIDENT 2900 Lake Dr		PREMISES TYPE / NAME Roadway		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>										
	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO										
	MONTH 10	DAY 04	YEAR 14	TIME 0023	DOW Sat	MONTH 10	DAY 4	YEAR 14	TIME 0144	DOW Sat					
	ADDL ON SUPP <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK		
S U S P E C T	NO. RO	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Northwest Marine Technology			RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES		
	STREET ADDRESS 4003 Airport Rd					CITY Anacortes			STATE WA	ZIP CODE 98221	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>				
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NO		HATE / BIAS	TYPE VIC	TYPE INJ	VICTIM OF OFNS# OFNDR#		RELAT.		
	NO. RO	NON-DISC.	NAME (LAST, FIRST, MIDDLE)			RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES		
S U S P E C T	STREET ADDRESS					CITY			STATE	ZIP CODE	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>				
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NO		HATE / BIAS							
	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:					SUSPECT CODES:		A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING		I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER	
	NO. S-1	NAME (LAST, FIRST, MIDDLE) Dwyer, Dustin B			RACE W	ETH	SEX M	DOB 082592	AGE 22	HGT 511	WGT 205	HAIR BRN	EYES BLU		
V E H I C L E / T R L / B O A T	ALIAS NAME(S)					IDENTIFIERS									
	STREET ADDRESS 129 Barbara Ln					CITY Everett			STATE WA	ZIP 98203	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RES. PHONE		
	EMPLOYMENT / OCCUPATION / SCHOOL					BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO: DWYERDB086N5		STATE WA			
	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #	CHARGES 1. M <input checked="" type="checkbox"/> F <input type="checkbox"/> Dui/4z0939222 2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>		CITATION / WARRANT # / AGENCY		BAIL					
S I G N A T U R E	ARREST DATE		LOCATION OF ARREST			AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED Y <input type="checkbox"/> N <input type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN.	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER	MULTI CLEAR <input type="checkbox"/>
	JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED					DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>			
	VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:				
	NO. 1	LICENSE NUMBER 188VPZ	STATE WA	VIN / HULL NUMBER 19UUA65516A061920		YEAR 06	MAKE ACURA	MODEL TL	STYLE 4D						
S T A T U S	COLOR GRY		SPECIAL FEATURES / DESCRIPTION					VALUE/STOLEN \$		DRIVER IS: <input checked="" type="checkbox"/> R / O <input type="checkbox"/> PERSON #		REGISTERED OWNER'S NAME			
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY		TOW COMPANY NAME / ADDRESS / PHONE					STATE TOW NO.		REGISTERED OWNER'S ADDRESS					
	LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>	DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 8	5 6	3 4	1 2	DAMAGE EST \$	
	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND. <input type="checkbox"/> RELEASED PROPERTY TO _____ <input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E) <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING														
S T A T U S	SIGNATURE OF PERSON M. Hingtgen #126					AREA N	OFFICER NAME / NUMBER					AREA	APPROVED BY KS/19	ASSIGNED	
	FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR					PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATE ENTERED	DATE		

14-02457

**LSPD
ORIGINAL**

ADDITIONAL PERSONS / VEHICLES

AGENCY NAME LAKE STEVENS POLICE DEPT.				INCIDENT CLASSIFICATION DUI/Collision				INCIDENT NUMBER 14-02457									
ADDL ON SUPP		<input type="checkbox"/> PERSONS <input checked="" type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V-VICTIM W-WITNESS O-OTHERS		B-VICT BUSINESS C-COMPLAINANT G-PARENT/GUARD		D-DECEASED RO-REG OWNER		TYPE VICTIM CODE		I-INDIVIDUAL B-BUSINESS F-FINANCIAL		G-GOVERNMENT R-RELIGIOUS S-SOCIETY / PUB		P-POLICE O-OTHER U-UNK	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY			STATE		ZIP CODE						
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY			STATE		ZIP CODE						
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY			STATE		ZIP CODE						
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.	
<div style="display: flex; justify-content: space-between;"> SUSPECT CODES: A-ARREST R-RUNAWAY S-SUSPECT M-MISSING I-INSTITUTIONAL (MENTAL / DETOX) X-OTHER </div>																	
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES			
ALIAS NAME(S)						IDENTIFIERS											
STREET ADDRESS						CITY			STATE		ZIP		RES. PHONE				
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER			DRIVERS LICENSE / I.D. CARD NO:			STATE			
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES				CITATION / WARRANT # / AGENCY				BAIL			
ARREST DATE		LOCATION OF ARREST				1. M <input type="checkbox"/> F <input type="checkbox"/>				2. M <input type="checkbox"/> F <input type="checkbox"/>				3. M <input type="checkbox"/> F <input type="checkbox"/>			
AFFILIATION		ON VIEW ARREST (<input type="checkbox"/>)		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT (<input type="checkbox"/>) ORAL (<input type="checkbox"/>) WRN		CHARGES (<input type="checkbox"/>) ADMITTED (<input type="checkbox"/>) DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR (<input type="checkbox"/>)			
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED						DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>					
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES			
ALIAS NAME(S)						IDENTIFIERS											
STREET ADDRESS						CITY			STATE		ZIP		RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RES. PHONE		
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER			DRIVERS LICENSE / I.D. CARD NO:			STATE			
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES				CITATION / WARRANT # / AGENCY				BAIL			
ARREST DATE		LOCATION OF ARREST				1. M <input type="checkbox"/> F <input type="checkbox"/>				2. M <input type="checkbox"/> F <input type="checkbox"/>				3. M <input type="checkbox"/> F <input type="checkbox"/>			
AFFILIATION		ON VIEW ARREST (<input type="checkbox"/>)		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT (<input type="checkbox"/>) ORAL (<input type="checkbox"/>) WRN		CHARGES (<input type="checkbox"/>) ADMITTED (<input type="checkbox"/>) DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR (<input type="checkbox"/>)			
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED						DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>					
<div style="display: flex; justify-content: space-between;"> VEHICLE CODES: (<input type="checkbox"/>) STOLEN # (<input type="checkbox"/>) RECOVERED # (<input type="checkbox"/>) LOCATED (<input type="checkbox"/>) TOWED (<input type="checkbox"/>) EVIDENCE (<input type="checkbox"/>) SEIZED (<input type="checkbox"/>) ABANDONED (<input type="checkbox"/>) OTHER (<input type="checkbox"/>) DAMAGED / VANDALIZED (<input checked="" type="checkbox"/>) VICTIM'S VEH. (<input type="checkbox"/>) SUSPECT'S VEH. (<input type="checkbox"/>) HOLD FOR: </div>																	
NO.	LICENSE NUMBER		STATE		VIN / HULL NUMBER			YEAR	MAKE		MODEL		STYLE				
2	B52139P		WA		1FTFX1EV1AKE50102			10	FORD		F150		PU				
COLOR		SPECIAL FEATURES / DESCRIPTION					VALUE \$		DRIVER IS: (<input type="checkbox"/>) R / O (<input checked="" type="checkbox"/>) PERSON # RO		REGISTERED OWNER'S NAME						
VEHICLE DISPOSITION (<input checked="" type="checkbox"/>) LEFT AT SCENE (<input type="checkbox"/>) DRIVEN AWAY						TOW COMPANY NAME / ADDRESS / PHONE				STATE TOW NO.		REGISTERED OWNER'S ADDRESS					
LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>		KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>		VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>		DRIVE- ABLE Y <input type="checkbox"/> N <input type="checkbox"/>		DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		SPECIFY DAMAGE BY SHADING DAMAGED AREA (<input type="checkbox"/>) TOP (<input type="checkbox"/>) UNDERSIDE			
												7 5 3 1		DAMAGE EST \$			
												8 6 4 2					

U:\Report Writing Software\Add'l Persons.doc

LSPD
ORIGINAL

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION D.U.I./Collision	INCIDENT NUMBER 14-02457
NAME OF VICTIM(S) N/A		

Narrative:

On 10/4/14 at approximately 0023 hrs., I was on patrol in the 2900 blk of Lake Dr., when I noticed what appeared to be a recent collision. There was a gray in color Acura passenger car that had significant front end damage and was currently stopped, spanning the entire length of the roadway. The vehicle was still running and there was a large amount of fluid leaking from the engine. I also noticed a white Ford F-150 with heavy rear driver's side damage. I could see one male occupant, currently in the driver's seat of the vehicle. The male got out of the vehicle as soon as I arrived and began walking towards me.

I contacted the male. The male stated that he was driving northbound on Lake Dr when some kind of large animal jumped out in front of him. The male said that he tried to swerve to avoid the animal but he collided with the truck when he swerved. He stated that he was just trying to go up the road about a block.

I asked the male for his license, registration, and proof of insurance. The male provided me his Washington State Driver's License, identifying him as Dwyer, Dustin B (8/25/92). Dustin then provided a valid Progressive Insurance ID card for another vehicle due to a recent purchase of the vehicle involved in the collision. Dustin stated that he had just purchased the vehicle a couple of weeks prior and had all of the dealership paperwork.


While I was near Dustin, I could smell the obvious, distinct odor of intoxicants, emitting from his breath and/or person. Dustin's eyes were extremely watery and red. It appeared as though Dustin had been crying heavily prior to me arriving. Dustin's speech was slightly slurred. Dustin also appeared to have difficulties keeping his balance while he was walking from the vehicle. Dustin was swaying from side to side, as though he was being pushed by a stiff breeze. The roadway there was flat and there was no wind.

I asked Dustin to sit on my push bars to avoid any further possible injury. Dustin did so without incident. I requested an aid unit to assist with a medical evaluation for any injuries. Dustin stated that he hit his lip upon impact. Dustin indicated that he did not have any other injuries than his lip.

I went to Dustin's vehicle. Inside the vehicle, I noticed an unopened 12 oz bottle of beer, with the label stating, "Inversion IPA", in the rear passenger side seat. There was nothing else of evidentiary value that was clearly visible. At no point did I enter Dustin's vehicle.

FD 8 arrived at approximately 0032 hrs. to treat Dustin. Dustin was evaluated and declined to be transported to the hospital. FD 8 completed their documentation of the incident and treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER M. Hingtgen #126	APPROVED BY 
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**LSPD
ORIGINAL**

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION D.U.I./Collision	INCIDENT NUMBER 14-02457
NAME OF VICTIM(S) N/A		

Sgt. Summers arrived and assisted with locating a responsible party for the Ford F-150. Ofc. Planalp also arrived and blocked the road from the north side. Ofc. Planalp assisted by taking photographs of the collision. See also the associated collision report.

While Dustin was being treated by aid, I began to complete the collision documentation. I asked Dustin what time the collision had taken place. Dustin said that it was like 20 seconds before I had arrived. I completed an exchange of information for insurance documentation. Dustin was provided one as well as the employee of the corporation owned Ford F-150.

At the conclusion of Dustin's aid treatment, I recontacted Dustin. Throughout Dustin's aid treatment, he never left the position of sitting on my push bars. I asked Dustin how much he had to drink tonight. Dustin said, "I had three beers at the hockey game." Dustin said that he went to a hockey game at Xfinity Arena and had left at about 10:30. Dustin said that he then drove to a friend's house after the game. Dustin said that he was on his way home when he called another friend and asked if he could stay the night at his house. Dustin stated that was where he was headed when he wrecked his car. I asked Dustin if the alcohol he had consumed may have contributed in the collision. Dustin said words to the effect of, "I don't think so, but maybe it did. I don't really know."

I asked Dustin if he would be willing to do some voluntary field sobriety tests to ensure that he was safe to drive. Dustin said words to the effect of, "I really am upset with myself for wrecking my vehicle. I really don't feel like doing anything right now."

I asked Dustin if he would be willing to do a voluntary portable breath test. Dustin said, "What will happen if I no." I told Dustin that it was completely voluntary and my decision would not be based on whether he did the test or not. Dustin again stated that he did not want to do it, just because he had been messed with previously by law enforcement.

Due to my observations of Dustin as well as the evidence of the collision, I decided to arrest Dustin for DUI. At approximately 0055 hrs., I informed Dustin that he was under arrest for DUI. Dustin sat up and turned around, with his hands behind his back. I placed Dustin in restraints without issue. While I was restraining Dustin, again I could smell the strong odor of intoxicants emitting from his person. I searched Dustin incident to his arrest. In Dustin's right front pocket, I located a set of keys. In this set of keys, I noticed an Acura key that appeared to belong to the Acura TL. I completed my search and placed Dustin in the rear seat of my patrol vehicle.

Ofc. Planalp remained onscene to assist with completing the impound of the vehicle. Speedway Towing was dispatched to complete the impound.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER M. Hingtgen #126	APPROVED BY 
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**LSPD
ORIGINAL**

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION D.U.I./Collision	INCIDENT NUMBER 14-02457
NAME OF VICTIM(S) N/A		

At approximately 0058 hrs., I read Dustin his Miranda Rights from a standard issued card. I asked Dustin if he understood his rights and he replied, "Mmm hmm." I took this as he understood his rights. I asked Dustin if he would like to continue talking about the situation today. Dustin said words to the effect of, "I'll talk about whatever you want, I want to remain cooperative." I informed Dustin that he was going to be transported to the Lake Stevens Police Department to complete the BAC portion of the DUI Investigation. Dustin stated that he understood.

At approximately 0103 hrs., I began transporting Dustin to the Lake Stevens PD, 2211 Grade Rd. While transporting Dustin to the police department, I made the comment to him, words to the effect of, "I'm glad you just stayed onscene." Dustin said, "Well I ran about a block down the road and then came back. There is no point to running away from that."

I arrived onscene at approximately 0109 hrs. I immediately walked Dustin into the BAC room at in the PD. Dustin remained restrained throughout the contact and was sat on a wooden bench, next to the BAC Datamaster. I checked Dustin's mouth and confirmed the time of 0109 hrs, according to the BAC Datamaster. I then was then began my 15 minute observation time. I checked to confirm the BAC Datamaster was operating properly as well.

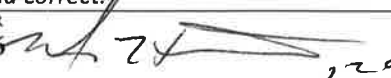
I then started completing the DUI Arrest Report packet. I started by reading Dustin his Constitutional Rights. I read these rights, verbatim, from page 2 of the DUI Arrest Report packet. At the conclusion of reciting his rights, Dustin was asked if he had his rights read to him. Dustin stated, "Yes sir." On the signature line I stated that he was handcuffed and his response. I then asked read Dustin the section regarding exercising his rights. At the conclusion of reading the statement, Dustin said, "I understand." I again wrote, "Handcuffed," and his response.

I moved to page 3 in regards to Implied Consent Warning for Breath. I read Dustin the Implied Consent Warning, verbatim, directly from the DUI Arrest Report. At the conclusion of reading the page to him, I asked him if he agreed that he had read or have had read to him the statements. Dustin said, "Yes sir." I wrote, "Handcuffed," and his response, on the signature line. I then asked Dustin if he was willing to submit to the breath test. Dustin quickly stated that he was.

I then began the DUI Interview questions from page 4. See also, DUI Arrest Report for answers and statements.

At 0125 hrs., I began the BAC test. During my observation period, Dustin remained handcuffed and was unable to touch any portion of his face. At no point did Dustin's mouth or face come into contact with anything. I completed inputting the required information into the BAC

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER M. Hingtgen #126	APPROVED BY 
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**LSPD
ORIGINAL**

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION D.U.I./Collision	INCIDENT NUMBER 14-02457
NAME OF VICTIM(S) N/A		

Datamaster. At the conclusion of the documentation, I again asked Dustin if he was willing to provide a breath sample. Dustin again stated that he was. Dustin then provided two separate samples of his breath. At the conclusion of the test, the printed sheet indicated that his first breath sample at 0130 hrs was a .131 BrAC and his second sample at 0133 hrs was .126 BrAC. I asked Dustin what he believed was the legal limit involving alcohol was in the state of Washington. Dustin said, ".08." I then informed Dustin what his results were. Dustin stated, "Ohhh man, I got a DUI." Dustin said words to the effect, "This needed to happen and I have been waiting for this." I provided Dustin a copy of the printout.

I released Dustin from restraints and provided him with his property. I also provided him with his Drivers Hearing Request Information.

I completed Criminal Citation #4Z0939222 for DUI and requested that it be court serviced through Marysville Municipal Court.



Attachments:

Criminal Citation #4Z0939222
Collision Report
Datamaster printout
Impound Form
Property Form

Recommendations:

Forward to Marysville Municipal Court

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME/NUMBER M. Hingtgen #126 	APPROVED BY 
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**LSPD
ORIGINAL**

WASHINGTON STATE
DUI ARREST REPORT
REPORT OF BREATH / BLOOD TEST FOR ALCOHOL OR
REFUSAL TO SUBMIT TO BREATH TEST FOR ALCOHOL AND DRUGS

SUBJECT'S NAME (LAST, FIRST, MI) DWYER, DUSTIN B		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH 8/25/92	DATE / TIME OF ARREST 10/4/14 @ 0055
STREET ADDRESS 129 BARBARA LN		CITY / STATE / ZIP CODE EVERETT / WA / 98203		
DRIVER'S LICENSE NUMBER BW DWYERBB086NS	CDL ENDORSED? (CHECK IF YES) <input type="checkbox"/>	STATE WA	COUNTY OF ARREST SNOHOMISH	CASE / CITATION NUMBER 1402457

BAC Readings: 1st Sample .131 2nd Sample .126 Refused Test _____

The subject was lawfully arrested. At that time, there were reasonable grounds to believe that the arrested person had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drugs, or both, or was under the age of twenty-one years and had been driving or was in actual physical control of a motor vehicle while having an alcohol concentration in violation of RCW 46.61.503.

Check those that apply:

- ☒ A breath test was administered after providing the warnings required by subsection (2) of RCW 46.20.308, AND the results indicate the arrested person's alcohol concentration was 0.08 or more if the arrested person's age is twenty-one or over, OR was in violation of RCW 46.61.502, 46.61.503, or 46.61.504 if the arrested person is under the age of twenty-one.
- ☐ The arrested person refused to submit to a test of his/her breath after receipt of the warnings required by subsection (2) of RCW 46.20.308.
- ☐ **FELONY/UNCONSCIOUSNESS:** The blood or breath test was administered pursuant to a search warrant, a valid waiver of the warrant requirement or exigent circumstances AND the arrested person was unconscious or I had probable cause to believe a felony DUI, felony physical control of a motor vehicle while DUI, vehicular homicide, vehicular assault or an arrest for DUI resulting from a collision in which there has been serious bodily injury to another person pursuant to RCW 46.20.308(3) was committed by the arrested person.

☒ Driver's Hearing Request Information was given to the arrested person.

Notice of Right to Hearing: I have been given written notice of my right to a hearing, including the steps required to obtain a hearing, and understand that the notice of suspension, revocation, or denial of license will be mailed to the address of record on file with the Department of Licensing.

SIGNATURE OF DRIVER _____

DATE _____

Complete this box ONLY if the arrested person was driving a commercial motor vehicle as defined in Chapter 46.25 RCW at the time of the incident.

☐ Operating a Vehicle Requiring a Commercial Driver's License BAC Readings: 1st Reading _____ 2nd Reading _____ Refused Test _____


There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system and that a test of his/her breath and/or blood disclosed an alcohol concentration of 0.04 or more. OR

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system. The arrested person was requested to take a breath/blood test and informed of the consequences of refusal and his/her rights under Chapter 46.25 RCW. The arrested person then refused to submit to the requested test. Chapter 46.25 RCW

VEH YEAR	MAKE	MODEL	LICENSE PLATE NUMBER	STATE	HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NOTE: If applicable, sign and date this page after toxicology report is received.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

LAW ENFORCEMENT AGENCY LAKE STEVENS PD	ORI NO. (9 digits) 031001900	OFFICER'S SIGNATURE 	DATE SIGNED 10/4/14
MAILING ADDRESS 2211 GRADE RD		PRINTED NAME OF OFFICER M. H. HINGTGEN	BADGE NUMBER 126
CITY LAKE STEVENS	STATE WA	ZIP 98258	PLACE SIGNED (city / county / state) LAKE STEVENS / SNOHOMISH / WA
CONTACT PHONE NUMBER FOR HEARING (include area code) (425) 354 9537			
OFFICER'S E-MAIL ADDRESS MHINGTGEN@LAKESTEVENS.WA.ORG			

OFFICERS: Fax or e-mail completed report, breath test document, and supplemental reports to:

Department of Licensing
Driver Records

SwornReports@DOL.WA.GOV

Fax: (360) 570-7026

Number of pages faxed _____

USE THIS PAGE AS COVER SHEET

**LSPD
ORIGINAL**

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER

14-02457

☒ On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

CONSTITUTIONAL RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. YOU HAVE THE RIGHT AT THIS TIME TO AN ATTORNEY.
3. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
4. IF YOU ARE UNDER THE AGE OF 18, ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A JUVENILE COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST YOU IN AN ADULT COURT CRIMINAL PROSECUTION IF THE JUVENILE COURT DECIDES THAT YOU ARE TO BE TRIED AS AN ADULT.
5. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS.
6. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT DURING THE QUESTIONING.
7. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU WITHOUT COST IF YOU SO DESIRE.
8. YOU CAN EXERCISE THESE RIGHTS AT ANY TIME.
9. DO YOU UNDERSTAND THESE RIGHTS?

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THESE RIGHTS.

SUBJECT'S SIGNATURE HAND CUFFED "YES SIR"

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.

OFFICER'S SIGNATURE [Signature] SRC

HAND CUFFED "I UNDERSTAND"
SUBJECT'S SIGNATURE

DATE / TIME 10/4/14 @ 0112

LOCATION(S) LAKES STEVENS

☒ Constitutional rights (Miranda) were read in the field at 0058 hours from the department issued rights card.

ATTORNEY REQUESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTORNEY CONTACTED? TIME: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE	ATTORNEY'S NAME	ATTORNEY'S PHONE NO.
EXPLANATION:			

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER

14-02457

IMPLIED CONSENT WARNING FOR BREATH

WARNING! YOU ARE UNDER ARREST FOR:
(check appropriate box(es))

- ☒ RCW 46.61.502 OR RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
- ☐ RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol or marijuana.
- ☐ RCW 46.25.110: Driving a commercial motor vehicle while having alcohol or THC in your system.

FURTHER, YOU ARE NOW BEING ASKED TO SUBMIT TO A TEST OF YOUR BREATH WHICH CONSISTS OF TWO SEPARATE SAMPLES OF YOUR BREATH, TAKEN INDEPENDENTLY, TO DETERMINE ALCOHOL CONCENTRATION.

- YOU ARE NOW ADVISED THAT YOU HAVE THE RIGHT TO REFUSE THIS BREATH TEST; AND THAT IF YOU REFUSE:
 - YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE REVOKED OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST ONE YEAR; AND
 - YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL.
- YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BREATH TEST, AND THE TEST IS ADMINISTERED, YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE SUSPENDED, REVOKED, OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST NINETY DAYS IF YOU ARE:
 - AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.08 OR MORE, OR THE TEST INDICATES THE THC CONCENTRATION OF YOUR BLOOD IS 5.00 OR MORE, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE;
 - OR
 - UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.02 OR MORE, OR THE TEST INDICATES THE THC CONCENTRATION OF YOUR BLOOD IS ABOVE 0.00, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE.

THE BREATH TEST INSTRUMENT WILL NOT TEST FOR THC CONCENTRATION IN A BREATH SAMPLE.
- IF YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE IS SUSPENDED, REVOKED, OR DENIED, YOU MAY BE ELIGIBLE TO IMMEDIATELY APPLY FOR AN IGNITION INTERLOCK DRIVER'S LICENSE.
- YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY ANY QUALIFIED PERSON OF YOUR OWN CHOOSING.

FOR THOSE NOT DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOUR DRIVER'S LICENSE IS SUSPENDED OR REVOKED, YOUR COMMERCIAL DRIVER'S LICENSE, IF ANY, WILL BE DISQUALIFIED.

FOR THOSE DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOU EITHER (A) REFUSE THIS TEST OR (B) SUBMIT TO THIS TEST AND THE TEST INDICATES AN ALCOHOL CONCENTRATION OF 0.04 OR MORE, OR ANY MEASURABLE AMOUNT OF THC CONCENTRATION, YOU WILL BE DISQUALIFIED BY THE DEPARTMENT OF LICENSING FROM DRIVING A COMMERCIAL MOTOR VEHICLE.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).

OFFICER'S SIGNATURE

HAND CUFFED "YES sir"
SUBJECT'S SIGNATURE

DATE / TIME

LOCATION

WILL YOU NOW SUBMIT TO A BREATH TEST?

☒ YES ☐ NO

Did subject express any confusion regarding the implied consent warnings? If yes, explain below.

☐ YES ☒ NO

<input checked="" type="checkbox"/> At the time of this test(s), I was certified to operate the BAC DATAMASTER and the BAC DATAMASTER CDM and possessed a valid permit issued by the State Toxicologist.			
<input checked="" type="checkbox"/> At the time of this test(s), I was certified to operate the DRAEGER ALCOTEST 9510 and possessed a valid permit issued by the State Toxicologist.			
DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH?	MOUTH CHECKED? TIME? 0109	2 ND MOUTH CHECK? (If Necessary) TIME?	ANY FOREIGN SUBSTANCES FOUND? EXPLAIN:
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	REMOVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> I observed the subject from the time of the mouth check through the completion of the breath test. <input checked="" type="checkbox"/> The subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth during the observation time.			
<input checked="" type="checkbox"/> At the time of this test, I possessed a valid permit issued by the State Toxicologist and was certified to operate the PBT. The test was performed in accordance with the State Toxicologist's protocols. (Chapter 448-15 WAC)		PBT READING	PBT TIME
		N/A	
<input type="checkbox"/> BOOKED <input type="checkbox"/> RELEASED TO: <input checked="" type="checkbox"/> PR'D			

WASHINGTON STATE
DUI ARREST REPORT
DUI INTERVIEW

CASE / CITATION NUMBER

14-02457

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2. DO YOU LIMP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER THAN CURRENT	
3. ARE YOU SICK / INJURED? EXPLAIN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
4. UNDER CARE OF A DOCTOR OR DENTIST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15A. WHAT?	15B. HOW MUCH?
5. ARE YOU DIABETIC / EPILEPTIC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. TIME COLLISION OCCURRED? 0023	
6. DO YOU TAKE INSULIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION? 3201 LAKE DR	
7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS? 1:30	(ACTUAL TIME) 1:20
7A. PRESCRIPTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PROZAC		19. WHAT STREET / HIGHWAY WERE YOU ON? LAKE DR 28	20. DIRECTION OF TRAVEL? N
7B. NON-PRESCRIPTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IBUPROFEN		21. STARTED FROM? XFINITY AREA	22. TIME STARTED? 10:30
7C. LAST DOSE? PROZAC 1600	7D. QUANTITY? 10 MG	23. DAY OF THE WEEK? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Sat <input type="checkbox"/> Sun	
7E. COCAINE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MARIJUANA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER?		24. WHAT CITY / COUNTY ARE YOU IN NOW? LAKE STEVENS	
8. DO YOU HAVE IMPAIRED VISION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26A. WHAT HAVE YOU BEEN DRINKING? BUD LIGHT
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26B. HOW MUCH? 3 BEERS	26C. WHEN DID YOU START? 7:45
9. WHERE DO YOU WORK? ROSLAND TOYOTA	9A. DID YOU WORK TODAY? YES	10. TIME YOU GOT OFF WORK? 6:00 PM	27. WHO HAVE YOU BEEN DRINKING WITH? FRIEND
11. HOURS OF SLEEP LAST NIGHT? 4 HOURS	12. WERE YOU DRIVING THE VEHICLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OF COURSE	29. TIME OF LAST DRINK? 10:15	30. DO YOU BELIEVE YOUR ABILITY TO DRIVE WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE? I DONT BELIEVE SO
31. HAVE YOU EVER BEEN ARRESTED FOR DUI BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, HOW MANY TIMES?			

If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with DUI process.

PRE-ARREST OBSERVATIONS

1. ATTITUDE <input checked="" type="checkbox"/> COOPERATIVE <input type="checkbox"/> MOOD SWINGS <input type="checkbox"/> ARGUMENTATIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER:	2. COORDINATION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> FUMBLER FOR DRIVER'S LICENSE <input type="checkbox"/> OTHER:	3. CLOTHES <input checked="" type="checkbox"/> ORDERLY <input type="checkbox"/> SOILED - EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> SHOES (Describe)	4. EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> WATERY <input type="checkbox"/> DROOPY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> PUPILS DILATED <input type="checkbox"/> PUPILS CONSTRICTED <input type="checkbox"/> OTHER:	5. FACIAL COLOR <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:	6. ODOR OF INTOXICANTS ON BREATH <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> STRONG <input type="checkbox"/> OBVIOUS <input type="checkbox"/> OTHER:	7. SPEECH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> REPETITIVE <input type="checkbox"/> FAST <input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> OTHER:
8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs) <input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME		9. SUBJECT'S NATIVE LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER		9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9B. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TIME:			INTERPRETER PROVIDED			
10. PASSENGER(S) INFORMATION N/A						

WASHINGTON STATE
DUI ARREST REPORT
SOBRIETY TESTS

CASE / CITATION NUMBER

SURFACE
☐ PAVED ☐ GRAVEL ☐ DIRT ☐ GRASS
☐ OTHER

GRADE
☐ LEVEL ☐ SLIGHT GRADE ☐ MODERATE GRADE
☐ OTHER

LIGHTING
☐ DAYLIGHT ☐ DARK ☐ STREET LIGHT
☐ OTHER

1. HORIZONTAL GAZE NYSTAGMUS (HGN)

☐ I have been trained in the administration of HGN testing and performed the test in accordance with this training.

EQUAL TRACKING ☐ YES ☐ NO
EQUAL PUPILS ☐ YES ☐ NO
 If Resting Nystagmus is present, please explain.

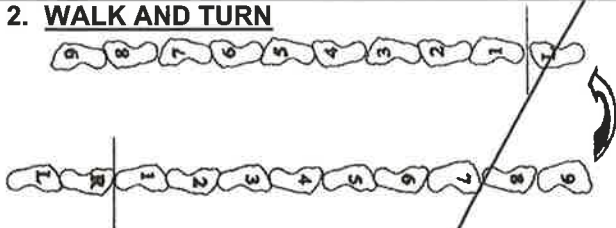
L R
☐ ☐
☐ ☐
☐ ☐

Lack of smooth pursuit
 Distinct and sustained nystagmus at max deviation
 Angle of onset prior to 45 degrees

VERTICAL NYSTAGMUS ☐ YES ☐ NO

COMMENTS:

2. WALK AND TURN



☐ Cannot keep balance ☐ Starts too soon

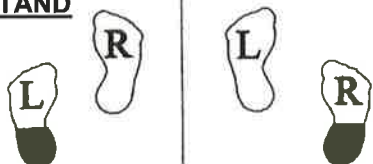
	1 st Nine Steps	2 nd Nine Steps
Stops Walking		
Miss Heel - Toe		
Steps off line		
Raises arms		
Actual # steps		

DESCRIBE TURN

CANNOT DO TEST (EXPLAIN)

COMMENTS:

3. ONE LEG STAND



L	R	
		Sways while balancing
		Uses arms for balance
		Hopping
		Puts foot down

COMMENTS:

SUPPLEMENTAL TESTS

ABC'S A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

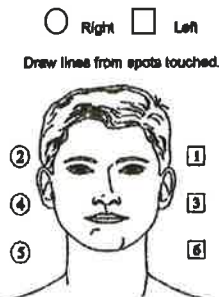
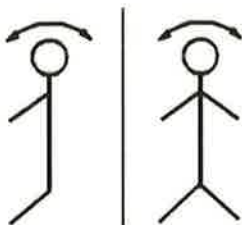
BALANCE

NOTES

FINGER DEXTERITY

NOTES

FINGER TO NOSE



WASHINGTON STATE
DUI ARREST REPORT
NARRATIVE

CASE / CITATION NUMBER

14-02457

Vehicle in Motion (Initial Observation, Observation of Stop):

Personal Contact (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such as speech, attitude, clothing, etc.)

Pre-Arrest Screening (Field Sobriety Tests):

SEE REPORT

Administrative Process (BAC and Disposition):

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE

BADGE NUMBER

PRINTED NAME OF OFFICER

LAKE STEVENS PD

AGENCY

LAKE STEVENS / SNOHOMISH / WA 10/4/14

PLACE SIGNED (city / county / state)

DATE SIGNED

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER

14-02457

NOTE: READ THIS FORM WHEN THERE ARE EXIGENT CIRCUMSTANCES OR WHEN A SEARCH WARRANT AUTHORIZES THE BLOOD DRAW.

SPECIAL EVIDENCE WARNING

WARNING! YOU ARE UNDER ARREST FOR:

- ☐ VEHICULAR HOMICIDE
☐ UNCONSCIOUS (DUI/PHYSICAL-CONTROL/MINOR-DRIVER)
☐ FELONY DUI or FELONY PHYSICAL CONTROL
☐ VEHICULAR ASSAULT
☐ DUI ARREST RESULTING FROM AN ACCIDENT WITH SERIOUS BODILY INJURY TO ANOTHER

A TEST OF YOUR BLOOD WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD; DUE TO THE CIRCUMSTANCES OF YOUR ARREST, THIS WILL BE DONE REGARDLESS OF YOUR CONSENT; YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY A QUALIFIED PERSON OF YOUR OWN CHOOSING.

On _____, I read the above warning to _____
(date) (defendant)

Officer _____ Date _____ Time _____

Name/Title of Person who extracted the blood: _____

Signature of Person who extracted the blood: _____

Date: _____ Time of Blood Draw: _____

Distribution—Original Receipt placed in case file; 1 copy (person from whom the blood was drawn or left with medical staff if person is unavailable); 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).

VOLUNTARY BLOOD DRAW CONSENT FORM

I, _____, voluntarily permit officer _____ to obtain a sufficient amount of my blood to test it to determine its alcohol and/or drug content.

I understand that I have the right to refuse to give consent to a voluntary blood draw and that I may require the officer(s) to obtain a search warrant.

I understand that the blood will be extracted by a physician, a registered nurse, a licensed practical nurse, a nursing assistant, a physician assistant, a health care assistant, a first responder, an emergency medical technician, or a technician who is trained in withdrawing blood.

I realize that the blood will be tested to determine blood alcohol level and to detect the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540. I understand that if the test reveals a blood alcohol level and/or the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540, that the blood alcohol level and/or the presence and/or level of marijuana, or any drug, may be used as evidence against me in subsequent legal proceedings.

I understand that I have right to additional tests administered by a qualified person of my choosing.

If I wish to consult with an attorney before giving consent, reasonable efforts will be made to put me in telephonic contact with a public defender or an attorney of my choice.

My consent has been given knowingly, freely, and voluntarily, without threats of duress against my person or promise of reward.

Officer _____ Date _____ Time _____

Consenter _____ Date _____ Time _____

Name/Title of Person who extracted the blood: _____

Signature of Person who extracted the blood: _____

Date: _____ Time of Blood Draw: _____

Distribution—Original Receipt placed in case file; 1 copy (person from whom the blood was drawn or left with medical staff if person is unavailable); 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).

WASHINGTON STATE PATROL
BAC DATAMASTER CDM 140074
SOFTWARE VERSION 76043-004 (04/28/04)

OCTOBER 04, 2014

SIM TEMP 34c +/- .2c: YES

OBSERVATION BEGAN: 01:09

CITATION NUMBER: 14-2457

OPERATOR'S NAME (L/F/M):
HINGTGEN/M/J

SUBJECT'S NAME (L/F/M):
DWYER/DUSTIN/B

SUBJECT'S DOB: 08/25/1992

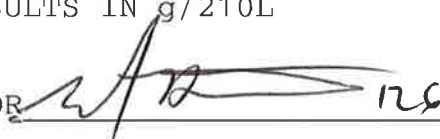
EXTERNAL STANDARD BATCH #: 14016

--- BREATH ANALYSIS ---

BLANK TEST	.000	01:29
INTERNAL STANDARD	VERIFIED	01:29
SUBJECT SAMPLE	.131	01:30
BLANK TEST	.000	01:30
EXTERNAL STANDARD	.083	01:31
BLANK TEST	.000	01:32
SUBJECT SAMPLE	.126	01:33
BLANK TEST	.000	01:33

ALL RESULTS IN g/210L

OPERATOR



AGENCY

LSPD

LSPD
ORIGINAL

Case # 14-02457

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number M. HINGSTEN 126		Case Number 14-02457			
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: OVI		Date/Time: 10/4/13 @ 0023			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					
Item # 1	Item P900 CD			Brand Name	Storage Location	Disposition	
Action # 3	Brand/Model/Caliber			(Further Description)			
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item			Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber			(Further Description)			
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item			Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber			(Further Description)			
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item			Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber			(Further Description)			
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item			Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber			(Further Description)			
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC √		Date:		CAD/RMS Checked	
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:	
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:	
				ROUTING: _____		White: Property Room	
						Yellow: Case File	

LSPD
ORIGINAL

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-02457

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☒ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN 1 9 U A A 6 5 5 1 6 A 0 6 1 9 2 0			
LICENSE 188VPZ	STATE WA	YEAR 2006	MAKE ACUR
MILEAGE <input type="checkbox"/> Report of Sale <input checked="" type="checkbox"/> Digital		STYLE 4DR	MODEL TL
		COLOR GRAY	

DRIVER

NAME (LAST, FIRST, MI)
 DWYER, DUSTIN B.
 STREET ADDRESS
 129 BARBARA LN
 CITY, STATE, ZIP CODE
 EVERETT, WA 98203
 PHONE
 425-446-9448

REGISTERED OWNER

NAME (LAST, FIRST, MI)
 NUTLEY, RYAN
 STREET ADDRESS
 17305 HWY 99
 CITY, STATE, ZIP CODE
 LYNNWOOD, WA 98037
 PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)
 SAME AS RO
 STREET ADDRESS

 CITY, STATE, ZIP CODE

 PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10-4-14 AT 0100 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 2900 BUK LAKE DR LAKE STEVENS, WA 98258

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE Bill Nutley DOL TOW TRUCK NO. 534862 DATE 10-4-14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

BACKPACK
DRIVER STATED HIS JUST PURCHASED THE VEH

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE UNDRIVABLE DUE TO COLLISION AND BLOCKING RD.
DRIVER ARRESTED FOR DWI.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

SNOHOMISH

BADGE NO.

102

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

SUPERVISOR

LSPD
ORIGINAL

FAX COVER SHEET

2211 Grade Road

Phone 425-334-9537 Fax 425-334-9842



TO:	SNOPAC	FAX:	
FROM:	M. HINGSTEN JR	DATE:	10/4/14
CC:		PAGES:	2
RE:	14-02457 DUI IMPOUND		

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

[illegible]

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

Incident History for: #SS14019440 Xref: #AG14002784

Case Numbers: \$SS14002457

Entered 10/04/14 00:23:27 BY SPDP17 JENIFE

Dispatched 10/04/14 00:23:27 BY SPDP17 JENIFE

Enroute 10/04/14 00:23:27

Onscene 10/04/14 00:23:27

Closed 10/04/14 01:44:56

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: Src

Loc: 2900 LAKE DR , LKS btwn 28 ST NE & 34 PL NE (V)

Loc Info:

Name: Addr: Phone:

/0023 (JENIFE) \$OUTSRV , NO MORE INFORMATION
/0023 DISPOS 19N2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/0023 MISC 19N2 , NO MORE INFORMATION
/0024 ASSTER 19N1 , CONTACTING ONE,
[2900 LAKE]
#SS102 PLANALP, OFFICER (DANIEL)
/0025 (*****) REMINQ 19N2 B52139P
/0025 (JENIFE) REMINQ 19N2 LIC, 19N2, B52139P, , ,
/0025 (*****) REMINQ 19N2 188VPZ
/0025 (JENIFE) REMINQ 19N2 LIC, 19N2, 188VPZ, , ,
/0026 (SS102) REMINQ 19N1 MDTVEH, 313ZUQ, , WA, , , , , , , , ,
/0026 (SS126) REMINQ 19N2 MDTWANT, DWYER, DUSTIN, B, 082592, , , WA, , , , , , , , ,
/0026 (JENIFE) CROSS #AG14002784
/0026 CROSS #AG14002840
/0029 MISC 19N2 , REQ STATE
/0029 ASNCAS 19N2 \$SS14002457
/0030 ASSTER 19S12 [2900 LAKE]
#SS79 SUMMERS, SGT (ROBERT)
/0030 CHANGE LOC: 2900 LAKE --> 2900 LAKE DR , LKS,
BLK: --> SS001
/0032 ONSCNE 19S12
/0032 NEWLOC 19N1 [N OF ACC]
/0032 ENROUT 19N1
/0033 (SS126) REMINQ 19N2 MDTVEH, 188VPZ, , WA, , , , , , , , ,
/0033 (*****) REMINQ 19S12 B05157X
/0033 (JENIFE) REMINQ 19S12 LIC, 19S12, B05157X, , ,
/0034 ONSCNE 19N1
/0048 ROTREQ 19N2 TOW 5348 LKS SPEEDWAY TOWING INC
3605635630 , 3/ROUND, PC,
/0050 MISC 19N2 , SPEEDWAY ER
/0055 MISC 19N2 , ONE 10-15, DUI
/0056 MISC 19N2 , TOW ADVISED DUI IMPOUND
/0102 (SS102) REMINQ 19N1 MDTVEH, 188VPZ, , WA, , , , , , , , ,
/0103 (JENIFE) TRANS 19N2 [PD]
/0108 TRANSC 19N2
/0114 MISC 19N1 , TOW OS
/0115 CLEAR 19S12
/0124 (SS102) REMINQ 19N1 MDTVEH, AFB2629, , WA, , , , , , , , ,
/0124 *MISC 19N1 , LAST PLATE NOT RELATED
/0124 REMINQ 19N1 MDTWANT, , , , , , WA, BRANCEL197NO, , , , , , , , ,
/0140 (JENIFE) CLEAR 19N2 D/H
/0144 MISC 19N1 , TOW HAS VEH
/0144 CLEAR 19N1

LSPD
ORIGINAL

[illegible]

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound



Private Impound

Repo

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 5514-2457

Reason: DUI

MKE/ (Circle One)

EVI

EVIP

EVR

ORI/ WA031 1900

LIC/ 188VP2

LIS/ WA

LIY/ 2014

LIT/ PC

VIN/ 19UUA655164-061920

VYR/ 2006

VMA/ ACUR

VMO/ TL

VST/ 4D

VCO/ GRAY

DATE OF IMPOUND/REPO: 10/4/14

TOW COMPANY NAME: SPEEDWAY TOWING

TOW COMPANY OCA/** 5348

PHONE #: 360-563-5630

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 2900 LAKE DR

City of Jurisdiction: LKS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 10/4/14

Entered By: 375

WAC #: 14V011740

Checked By: _____

Checked Date: _____

10/04/2014 SAT 3:47 FAX 4253349842 Lake Stevens Police Dept --- SnoPac

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☒ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-02457

VEHICLE INFORMATION

VIN 1 9 U A 6 5 5 1 6 A 0 6 1 9 2 0
 LICENSE 1881 PZ WA STATE WA YEAR 2006 MAKE ACUR MODEL TL
 MILEAGE 4012 COLOR G-RAY
☐ Report of Sale ☒ Digital

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) DWKER, DUSTIN B.
 STREET ADDRESS 129 BARBARA LN
 CITY, STATE, ZIP CODE EVERETT, WA 98203
 PHONE 425-446-9448 DOB 08-25-92

NAME (LAST, FIRST, MI) NUTLEY, RYAN
 STREET ADDRESS 17305 HWY 99
 CITY, STATE, ZIP CODE LYNNWOOD, WA 98037
 PHONE

NAME (LAST, FIRST, MI) SAME AS RO
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10-4-14 AT 0100 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING (TOWING FIRM)

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I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Bill

DOL TOW TRUCK NO.

534862

DATE 10-4-14

EQUIPMENT

DAMAGE

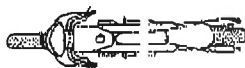
EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER

SHADE DAMAGED AREA



INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

BACKPACK

DRIVER STATED HIS JURY PURSHE
THE VEH

VEHICLE UNDRIVABLE DUE TO
COLLISION AND BLOCKING RD.
DRIVER ARRESTED FOR DWI

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.093)

OFFICER'S SIGNATURE

X

SNOWHILL
COUNTY, WA

BADGE NO. 102

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

SUPERVISOR

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	2439
DESTINATION ADDRESS	913605707026
SUBADDRESS	
DESTINATION ID	
ST. TIME	10/05 03:51
TX/RX TIME	05' 28
PGS.	9
RESULT	OK

LAKE STEVENS POLICE DEPARTMENT

FAX COVER SHEET

Randy W. Celori Chief of Police

2211 Grade Road

Lake Stevens WA 98258

Phone 425-334 9537 Fax 425-334 9842



TO:	Doc	FAX:	360 570-7226
FROM:	LSPID	DATE:	10-5-14
CC:		PAGES:	8
RE:	14-02457		

WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

DUI
IDW/EX DUSTIN B.
DOB 08-25-92